

CLAIMS ONLY

Application Number

09/965073

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend						
1	/						51	/				
2		/					52	/				
3		/					53		/			
4		/					54		/			
5		/					55		/			
6		/					56		/			
7		/					57		/			
8		/					58		/			
9		/					59		/			
10		/					60		/			
11		/					61		/			
12		/					62		/			
13		/					63	/				
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36		/					86					
37		/					87					
38		/					88					
39		/					89					
40		/					90					
41	/						91					
42		/					92					
43		/					93					
44		/					94					
45		/					95					
46		/					96					
47		/					97					
48		/					98					
49	/						99					
50	/						100					
Total Indep	9						Total Indep	3				
Total Depend	41						Total Depend	10				
Total Claims	50						Total Claims	13				

13
63